

Developmental Apraxia of Speech and Developmental Verbal Dyspraxia:

The Mystery of the Minimally and/or Non-Verbal Child

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A child receives the diagnosis of developmental apraxia of speech (DAS). A child with similar characteristics of speech has a diagnosis of developmental verbal dyspraxia (DVD). What is the difference between the diagnoses and what is the best way to treat the child?

Developmental Apraxia of Speech (DAS) vs. Developmental Verbal Dyspraxia (DVD)

Many times Speech-Language Pathologists (SLPs) use these terms interchangeably. In recent years, more use the term childhood apraxia of speech, although it is a relatively rare disorder. Often, a distinction between the two is not clear to the parent. This causes confusion when speaking to a person who uses these terms synonymously. The two are both derivatives of the root word, praxis (praxia), meaning execution of voluntary motor movements. The "a" and the "dys" are prefixes, changing the meaning of the root word. In medical terminology, "a" usually stands for an absence of something. "Dys" means partial ability or partial loss. Therefore, the difference between apraxia and dyspraxia is unintelligible speech vs. partial intelligibility. But, keep in mind that SLPs use these terms interchangeably!

Diagnosing Developmental Apraxia of Speech (DAS) and Developmental Verbal Dyspraxia (DVD)

A Speech-Language Pathologist familiar with diagnosing DAS/DVD should conduct a full speech and language evaluation. This should include many of the following areas: articulation and phonology (including phonological processes); voice (including factors such as prosody, rate, intensity, and pitch); an inventory of what sounds (vowels and consonants) the child is able to spontaneously produce; a full oral-motor exam (assessing movement of lips, tongue, palate, and muscle tone, checking for concurrent oral apraxia); and language (assessing both receptive and expressive language skills). The Speech-Language Pathologist working with your child will determine what battery of tests are appropriate for your child and discuss all findings with you.

Treatment of DAS and DVD

A child has a diagnosis of DAS or DVD. What should happen now? It is important to keep in mind that each child is different and will respond differently to therapy techniques. Working closely with the child's Speech-Language Pathologist will benefit your child greatly, especially if you plan to work with the child at home. Focusing on the same goals and using similar techniques used in therapy at home helps the child retain new information and reinforces learned behaviors. This also keeps communication open between you and your child's speech therapist, building trust and respect.

Here are some general suggestions to help you help your child communicate better.

- * Never force the child to speak. Using negative reinforcement with a child when he/she cannot complete the desired task usually makes the child resist and dislike the task in the future. For example, do not say, "If you don't say that you want toast, then you won't get anything at all." Instead, try binary choices. "Do you want juice or toast?" (Put desired response in the last position.) Accept any response the child makes. If this is too difficult for the child, use objects and allow the child to point to the desired object.
- * Be a good speaking model. Pronounce your words correctly and speak slowly. When working with the child, be sure to repeat the target words in short phrases and at an appropriate volume.
- * Read to your child, allowing him/her to make comments about the story. Books that have rhyming words work well for phonemic awareness. Do not attempt to correct your child's speech if unintelligible.
- * It is important to let your child express his/her wants and needs. If he/she is so unintelligible that you or other adults he/she comes into contact with cannot understand, a communication book may be appropriate. Speak with your child's speech therapist about content.
- * Repetitive oral-motor movements could help with overall motor programming. Practice sticking the tongue out, up, down, left, and right. Try to blow bubbles, whistles, or kazoos to increase lip movement.
- * Singing songs with your child or using slow music with words sometimes helps with prosody and intelligibility.
- * Combine vowels with early developing consonants in different positions, making a silly song (bay, bee, bye, bow, boo).

Using the terms dyspraxia vs. apraxia interchangeably can be confusing. The best way to clear up any misconceptions and best treat your child is to maintain a close relationship with your child's speech therapist.



Name

Date



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